

## APPLICATION for NURSE AIDE CERTIFICATION

Name of applicant	Phone
	SSN
	Date of birth
E-mail address of applicant	
I am applying based upon my training as: military personnel	RN student/graduateLPN student/graduatelicensed practical nurse
Students-complete section I /Nurses-comp	plete section II./Military personnel-complete section III.
(Provide all documen	tation listed in the section completed.)  ***********************************
I. Name of School Attended (if applicable)	
Included is: a copy of my social security c	ard an official transcript
II. Name of Licensing Board (if applicable)	
Address of Board	
	ard verification of my current status as a nurse (from Board)
	able)
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Included is: a copy of my social security c	ard a DD-214 military transcript
for possible prosecution and your certification t required information (completed application an Nurse DHH –	tis office will be forwarded to the Attorney General's Office to the Louisiana Nurse Aide Registry will be revoked. All dattachments) shall be submitted to: Aide Training Program Health Standards Section P. O. Box 3767 Rouge, La. 70821-3767
regulations, federal regulations as well as Departm it is my responsibility to notify the Department of I any changes in the information provided at the time or telephone number or e-mail changes to the Louis to do so may result in loss of nurse aide certification	
Print Name of Applicant	Title
Signature of Applicant	Date